Certain material in this publication is taken or derived from NIH Publication Nos. 97-4051 (*Guidelines for Diagnosis and Management of Asthma*) (July 1997) and 97-4053 (*Practical Guide for Diagnosis and Management of Asthma*) (October 1997) of the U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Heart, Lung, and Blood Institute.

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Introduction

Childhood is a unique developmental stage in life which shapes adult health.

- There is a continuum of child health into adult health, and conditions arising in childhood often persist into adulthood.
- "Healthy" behaviors and "at-risk" behaviors are molded during childhood.
- While children are dependent on parents and other adults for accessing and receiving health care, adult patterns of health care utilization are influenced by childhood patterns and demographics.

Asthma is the most common chronic disease of childhood, affecting nearly 5 million children in the United States. Many children with asthma miss out on school, sports, and other childhood activities. Children with asthma account for almost 3 million physician visits and 200,000 hospitalizations each year. To care for these children, parents take time away from work. The annual health care cost for treating children with asthma is approaching $2 billion, and another $1 billion is estimated for the indirect costs associated with caring for these children.

The real impact of pediatric asthma extends far beyond statistics and health care costs. Children's lives and well-being depend on the knowledge and behaviors of their parents, caretakers, and health care providers. To ensure the highest standards of care and levels of information, the American Academy of Allergy, Asthma, and Immunology (AAAAI) in partnership with the National Asthma Education and Prevention Program (NAEPP), coordinated by the National Heart, Lung, and Blood Institute, has launched a comprehensive new initiative – **Pediatric Asthma: Promoting Best Practice**.

The goal of this initiative is to ensure that a broad spectrum of health care providers learns about, understands, and implements clinical and best practice information for diagnosing and managing children with asthma.

The first step toward this goal is the dissemination of recommendations for pediatric asthma care based on the Expert Panel Report 2: Guidelines for the Diagnosis and Management of Asthma (EPR-2) published by the NAEPP in 1997. The EPR-2 provides substantial information for the diagnosis and management of asthma in adults and children. The pediatric initiative has adapted the EPR-2 into an easily-referenced, user-friendly, pediatric-focused document: *Pediatric Asthma: Promoting Best Practice – Guide for Managing Asthma in Children*. This guide will be disseminated widely to help family practice physicians, pediatricians, nurse practitioners, respiratory therapists, pharmacists, and others who work with children to manage asthma.

The next steps involve conferences to bring together the nation's pediatric asthma experts, researchers, clinicians, managed care administrators, child health advocates, school and sports leaders, community interventionists, and policy makers. The objectives of these meetings are: to focus the public spotlight on pediatric asthma; to create a forum where participants can exchange ideas and experiences with different implementation strategies; and to create opportunities to collaborate on actions to promote best practices in pediatric asthma.

Methods Used to Develop This Document

The AAAAI Organizing Committee established the Pediatric Asthma Committee (the Committee), a multidisciplinary and multi-organizational group of U.S. asthma and health care experts. The Committee includes health professionals in the areas of general medicine, family practice, pediatrics, allergy, pulmonary medicine, nursing, school health care, and health education. Committee members were recommended by the AAAAI Organizing Committee, and other health care agencies and medical societies, and include the following persons:

Co-Chairs:

Gary S. Rachelefsky, M.D., FAAAAI
Gail G. Shapiro, M.D., FAAAAI
American Academy of Allergy, Asthma and Immunology

Committee:

David Bergman, M.D.
American Academy of Pediatrics

Joann Blessing-Moore, M.D.
American College of Allergy, Asthma, and Immunology

Carol Costante, R.N., M.S., C.S.N.
National Association of School Nurses

Seth Emont, Ph.D.
The Robert Wood Johnson Foundation

Peter J. Gergen, M.D.
Agency for Health Care Policy and Research

Meyer Kattan, M.D.
American Thoracic Society

Stephen Redd, M.D.
Centers for Disease Control

Irwin Redliner, M.D.
Children's Health Fund

Stuart Stoloff, M.D.
Specialist in Family Medicine

Virginia Taggart, M.P.H.
National Heart, Lung, and Blood Institute Division of Lung Diseases

Initiative aims:

- Care for children with asthma will improve.
- Family practice physicians, pediatricians, community clinic practitioners, and health care providers will have an easy-to-use guide for promoting best clinical care practices, based on the NAEPP EPR-2.
- Exchanging information on strategies and tactics that work (and those that don't) will prepare health care innovators and advocates to meet the challenges of the increasing number of children with asthma.
- The national spotlight on pediatric asthma will help decrease social and economic barriers to best practice.

The charge to the Committee was to pull together into one easy-to-access document all of the pediatric information in the EPR-2. Emphasis was to be placed on recommendations addressing practical decision-making issues in diagnosis and management; and the intended audience would be clinicians working in diverse health care settings. Each member of the Committee was assigned to at least one section of the EPR-2 with the tasks of selecting key messages from the EPR-2, drafting these messages in writing, and identifying issues for discussion. Following review and revision of the initial manuscript, the Committee met to discuss key issues and added sections, which included Asthma and the School Child, Barriers to Care and Recommendations for Policy, and Interventions. Following this meeting, another draft of the document was reviewed by the Committee. This draft was also reviewed by a panel of outside experts: Howard Eigen, M.D.; Carolyn C. Lopez, M.D.; Marielena Lara, M.D., M.P.H.; Walter L. Larimore, M.D.; Robert Lemanske, M.D.; Diane E. McLean, Ph.D., M.P.H.; Sydney Parker, Ph.D.; Milton Schwarz, M.D. Revisions from the outside reviewers and those received from the Committee were incorporated into a Preliminary Draft Report which was made available for review at the first conference, *Pediatric Asthma: Promoting Best Practice – Raising the National Standard of Care for Children with Asthma* (May 2-3, 1998; Washington, D.C.). Revisions based on comments to the Preliminary Draft Report were approved by the Committee and then submitted to the NAEPP Coordinating Committee for review and endorsement as a summary of the EPR-2.

NAEPP Coordinating Committee

Member Organization	Representative
National Heart, Lung, and Blood Institute	**Claude Lenfant, M.D., Chair**
Agency for Health Care Policy and Research	Lynn. A. Bosco, M.D., M.P.H.
Allergy and Asthma Network/ Mothers of Asthmatics, Inc.	Nancy J. Sander
American Academy of Allergy, Asthma and Immunology	Albert L. Sheffer, M.D.
American Academy of Family Physicians	Barbara P. Yawn, M.D., M.Sc.
American Academy of Pediatrics	Gary S. Rachelefsky, M.D.
American Academy of Physician Assistants	Barbara Benske Heier, P.A.-C.
American Association of Occupational Health Nurses	Jane Lipscomb, Ph.D., R.N.
American Association for Respiratory Care	Thomas J. Kallstrom, R.R.T.
American College of Allergy, Asthma, and Immunology	William Storms, M.D.
American College of Chest Physicians	Robert A. Barbee, M.D., F.C.C.P.
American College of Emergency Physicians	Richard M. Nowak, M.D., M.B.A., F.A.C.E.P.
American Lung Association	Noreen M. Clark, Ph.D.
American Medical Association	Paul V. Williams, M.D.
American Nurses Association	Barbara M. Santamaria, R.N., M.P.H., C.F.N.P.
American Pharmaceutical Association	Dennis M. Williams, Pharm.D.
American Public Health Association	Pamela J. Luna, Dr.P.H., M.Ed.
American School Health Association	Lani S. M. Wheeler, M.D., F.A.A.P., F.A.S.H.A.
American Society of Health-System Pharmacists	Leslie Hendeles, Pharm.D.
American Thoracic Society	A. Sonia Buist, M.D.
Association of State and Territorial Directors of Health Promotion and Public Health Education	Barbara L. Hager, M.P.H., C.H.E.S.

NAEPP Coordinating Committee

Member Organization	Representative
Asthma and Allergy Foundation of America	Mary E. Worstell, M.P.H.
National Association of School Nurses	Vivian Haines, R.N., M.A., S.N.P.
National Black Nurses' Association, Inc.	Susan B. Clark, R.N., M.N.
National Center for Chronic Disease Prevention and Health Promotion (CDC)	Mary Vernon, M.D., M.P.H.
National Center for Environmental Health (CDC)	Leslie P. Boss, Ph.D., M.P.H.
National Center for Health Statistics (CDC)	Kathryn S. Porter, M.D., M.S.
NHLBI Ad Hoc Committee on Minority Populations	Ruth I. Quartey, M.A., R.R.T.
National Insitute for Occupational Safety and Health (CDC)	Gregory R. Wagner, M.D.
National Institute of Allergy and Infectious Diseases	Lawrence J. Prograis, Jr., M.D.
National Institute of Environmental Health Sciences	Jerry Phelps
National Medical Association	Michael Lenoir, M.D.
Society for Academic Emergency Medicine	Carlos A. Camargo, M.D., Dr.P.H.
Society for Public Health Education	L. Kay Bartholomew, Ed.D., M.P.H.
U.S. Department of Education	Doris Sligh and Debra Little
U.S. Environmental Protection Agency	Mary Smith
U.S. Food and Drug Administration	John K. Jenkins, M.D.
U.S. Public Health Service	Olivia Carter-Pokras, Ph.D.

Two sections of this document (Barriers to Care and Interventions) were not part of the EPR-2. The statements in these sections are based solely on review of the relevant published literature, discussion by the Committee, and comments received from attendees at the conference *Pediatric Asthma: Promoting Best Practice – Raising the National Standard of Care for Children with Asthma* (May 2-3, 1998; Washington, D.C.).

In order to achieve the goal of a user-friendly guide, references have been grouped by section and placed at the end of the appropriate text. In summarizing the EPR-2 recommendations for clinical care, the Committee wants to highlight key messages for busy clinicians who care for children. The reader is encouraged to refer to the EPR-2 for more detailed discussion of the scientific literature. A critical point made in the EPR-2 must be emphasized here as well:

> The recommendations for care are suggested as guides for making clinical decisions. The clinician, the child, and the parents (and caregivers) must work together to develop individual treatment plans that are tailored to the specific needs and circumstances of the child and family.

It is the hope of the Committee, and those who have reviewed this report, that this initiative will improve health care for children and their families.

Acknowledgments
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